

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39682

1. Entity Name

MALIBU ENTERTAINMENT WORLDWIDE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90097 012 ***150.00

Principal Place of Business

Mailing Address

~~5895 WINDWARD PARKWAY, SUITE 220~~
~~ALPHARETTA GA 30202-4182~~

717 N HARWOOD #1650
DALLAS TX 75201-6508
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

717 N. Harwood
Suite, Apt. #, etc.
Ste 1650

Suite, Apt. #, etc.

City & State
Dallas Texas

City & State

4. FEI Number 58-1949379

Applied For
Not Applicable

Zip 75201 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
BECKERT, RICH
717 N HARWOOD STE 1650
TALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
WHEELER, SCOTT
717 N HARWOOD STE 1650
DALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TERRY, ERIC
717 N HARWOOD STE 1650
DALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VP~~
~~GRISCOM, KENNETH R~~
~~5895 WINDWARD PARKWAY, SUITE 220~~
~~ALPHARETTA GA 30202-4182~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannette C. Keith

Controller

3/8/00

Date

214-210-8741

Daytime Phone #